



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL

City of Hospital: Monticello

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Person Completing the  
Report: Deana Parker

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Medicare Provider Number: 151312, 157514, 15Z312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8657892
Outpatient Patient Service Revenue	\$45697761
Total Gross Patient Service Revenue	\$54355653

2. Deductions From Revenue

Contractual Allowance	\$22076448
Other Deductions	\$2281041
Total Deductions	\$24357489

3. Total Operating Revenue

Net Patient Service Revenue	\$29998164
Other Operating Revenue	\$1793200
Total Operating Revenue	\$31791364

4. Operating Expenses

Salaries and Wages	\$9321292	Employee Benefits	\$1932758
Depreciation and Amortization	\$1512877	Interest Expense	\$433789
Bad Debt	\$3078514	Other Expenses	\$12526345
Total Operating Expenses	\$28805575		

## 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$2985789	Total Assets	\$44619568
Net Non-operating Gains over Loss	\$53711	Total Liabilities	\$34861843
Total Net Gains	\$3039500		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$26124318	\$14178094	\$11946224
Medicaid	\$6669844	\$3098936	\$3570908
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$21561491	\$4799418	\$16762073
Total	\$54355653	\$22076448	\$32279205

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$80918	\$80918	\$0

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$20209	\$-20209

Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	49
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement
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Hospital Charity Charges	\$939333
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$939333	
HCI Payments	\$0		
Subtotal	\$0	\$939333	\$-939333
Medicaid Shortfalls	\$0	\$1282441	
Subtotal	\$0	\$2221774	\$-2221774
DSH Payments	\$321,286		
Subtotal	\$321286	\$2221774	\$-1900488
Medicare Shortfalls	\$0	\$-981435	
Other Government Programs	\$0	\$0	
Total	\$321286	\$1240339	\$-919053

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$41328	\$-41328
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

